

**Jake's Help From Heaven Medical Travel Application EXPENSE WORKSHEET**  
**PLEASE FILL OUT THIS FORM COMPLETELY OR APPLICATION WILL NOT BE REVIEWED.**

<b>Applicant's Name</b>							
	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
Date (MM/DD/YY)							

								<b>TOTAL</b>
Mileage (.40/mile)								
Other Transportation	\$	\$	\$	\$	\$	\$	\$	
Lodging up to \$150/night	\$	\$	\$	\$	\$	\$	\$	
Meals \$50/day per family	\$	\$	\$	\$	\$	\$	\$	
<b>Total Per Day</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<b>DOCTOR APPTS</b>	<b>DATE</b>	<b>LOCATION</b>	<b>FORM MUST BE SIGNED OR APPLICATION WILL NOT BE REVIEWED.</b>
			<b>Parent Signature</b>
			<b>Social Worker or Doctor Signature</b>

**COMMENTS OR OTHER INFORMATION:**